

## Adult Day Service Certification Tool for Aged Disabled and TBI Medicaid Waiver

Date of desk review: \_\_\_\_\_  
 Name of provider site: \_\_\_\_\_  
 Level of Service: \_\_\_\_\_

Date on onsite survey: \_\_\_\_\_  
 Address of site: \_\_\_\_\_

**If the answer to any of these questions is yes, then heighten scrutiny must be applied to the review.**

- In the same building as a nursing facility or other inpatient treatment facility?
- On the grounds of or adjacent to a public institution?
- Medicaid only site?
- Other characteristics that have the effect of isolating?

\*Heightened scrutiny is a process that must be approved by CMS; if the setting is determined by the state to be home and community based then a submission is made to CMS who makes the final decision on whether it is in fact home and community based.  
 \*Providers certified prior to March 2014 fall under the state's transition plan and may continue to serve waiver recipients. All sites must be compliant with the CMS Final Rule on HCBS Settings by March of 2019.  
 \*Providers who are certified after March 2014 must already be compliant with the CMS Final Rule on HCBS Settings.

Specify: \_\_\_\_\_

Please check all other services available to participants (with/without a separate fee schedule):

Service	Available
Guest meals	
Catered Meals	
ADS Transportation Provider	
Medicaid Transportation Provider	
Waiver Transportation Provider	
Other:	

Please check all that apply:

Audible alarms	
Participant log	
Visitor log	
Doors lock from the inside	
Doors lock from the outside	
Key pad	
Key code	
Exterior/Interior Lockable Gates	

**HCBS Setting Characteristics (42 CFR 441.301):**

**A. The setting is integrated in and supports full access to the greater community. §441.301(c)(4)(i)**

**Assessor's Observations, Comments, and Notes**

A-1	Participants are not limited to a certain area of the site. (Disregard private business spaces, i.e. offices, kitchen, storage)	
A-2	The site does not impose barriers to the right of participants to come and go as they choose.	
A-3	The site does not impose barriers to participants who wish to participate in community activities.	
A-4	Transportation schedules, options, and contact numbers are available to all participants.	
A-5	Participants are able to have a car on the premises if they so choose.	

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**B. Each individual has the right to privacy, is treated with dignity and respect, and is free from coercion and restraint. §441.301(c)(4)(iii) and 455 IAC 2-8-1**

**Assessor's Observations, Comments, and Notes**

B-1	Interactions among staff and participants are positive, attentive, dignified, and respectful.	
B-2	Participants can communicate using their personal devices (or site devices, if applicable) privately.	
B-3	Participants are free from coercion, restraints, or seclusion. 455 IAC 2-8-1 (This includes physical, chemical and mechanical restraints)	
B-4	Participants are provided information regarding how to file a complaint with the provider and contact APS at the time of enrollment and upon request.	
B-5	Except for escorting, all Activities of Daily Living (ADL) assistance is provided in a private area or in the location of the participant's choosing 455 IAC 3-1-6(f)	
B-6	Participant files are kept in a private and secure area. 455 IAC 3-1-8(b)(3)(A)	
B-7	The site does not impose barriers on handling medications in a way that promotes participant control and privacy. 455 IAC 3-1-8(b)(3)(A) and 455 IAC 3-1-8(b)(3)(F)	
B-8	Bathrooms that participants use have locks.	

**C. Provides individuals independence in making life choices. 455 IAC 3-1-2(11) and 455 IAC 3-1-2(20)**

**Assessor's Observations, Comments, and Notes**

C-1	Participants are notified in advance of meal menus and have the option to choose an alternative, or bring their own meals.	
C-2	Participants have access to food at all times.	
C-3	The site does not impose barriers on participant choice of whom they eat with, including eating alone if they so choose. 455 IAC 3-1-8(b)(1)	
C-4	There are a variety of activities available.	
C-5	Participation in activities is by participant choice, and is not required.	
C-6	The site does not impose barriers, and may help facilitate, activities that are participant specific.	

**D. The individual is given choice regarding services, supports, and who provides them §441.301(c)(4)(iv) and §441.301(c)(4)(v) and 410 IAC 16.2-5-1.2(j) (1) and 455 IAC 3-1-8**

**Assessor's Observations, Comments, and Notes**

D-1	There is no conflict of interest where the provider is also the representative payee.	
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D-2	Provider must have a service plan form that can be used for all participants	
D-3	Provider's service plan form includes the following elements: 455 IAC 3-1-8(d)- (e)	
D-4	assessed health care needs	
D-5	social needs and preferences	
D-6	limited nursing and medication services including frequency of service and level of assistance, if applicable	
D-7	personal care tasks	
D-8	place for participant's signature, or their legal representative	
D-9	place for provider's signature	
D-10	place for licensed nurse's signature	
D-11	place for the waiver case manager's signature	
D-12	date of plan approval	
D-13	address any individual modifications to HCBS settings requirements	

### Inspection Documentation by FSSA Assessor or FSSA Designee

Assessor Name: \_\_\_\_\_

Assessor signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Name and title of provider representative: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Date: \_\_\_\_\_

Onsite Comments:

Comments specific to co-location with nursing facility:

Provide description of physical layout and any shared space with the nursing facility. As well as information